

AO 440 (Rev. 03/08) Civil Summons

UNITED STATES DISTRICT COURT

for the

Northern District of California

ARCADIO S. ACUNA

Plaintiff

v.

LEA ANN CHRONES

Defendant

Civil Action No. CV 07-05423 VRW

Summons in a Civil Action

To: Lea Ann Chrones
(Defendant's name)

A lawsuit has been filed against you.

Within 28 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Arcadio S. Acuna ID# C-43165

Pelican Bay State Prison C-10-119, P.O. Box 7500, Crescent City, CA 95532

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Richard W. Wieking

Name of clerk of court

SIMONE VOLTZ

Deputy clerk's signature

Date: April 7, 2008

(Use 60 days if the defendant is the United States or a United States agency, or is an officer or employee of the United States allowed 60 days by Rule 12(a)(3).)

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW
DEFENDANT Lea Ann Chrones et al.	TYPE OF PROCESS Order, Complaint, Summons
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Lea Ann Chrones - CDCR ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 9838 Old Placeville Rd. , Sacramento, CA 95827	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O. Box 7500 Crescent City, CA 95532	Number of process to be served with this Form 285 1 Number of parties to be served in this case Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: SIMONE VOLTZ	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 4/7/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. _____	No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

**OFFICE OF LEGAL AFFAIRS
LEGAL ACCESS TEAM**

1515 S Street, 95814
P.O. Box 942883
Sacramento, CA 94283-0001



April 14, 2008

Office of the Clerk, U. S. District Court
Northern District of California
450 Golden Gate Avenue
San Francisco, CA 94102

To Whom It May Concern:

The enclosed documents are being returned to you by the Office of Legal Affairs (OLA), as the OLA is not authorized to accept service of process for the named individual, Lea Ann Chrones. However, the correct address for proper service of the enclosed documents is as follows:

California Department of Corrections and Rehabilitation
Board of Parole Hearings
P. O. Box 4036
Sacramento, CA 95812-4036
Attention: Marta VanLoon

If you have any questions, please contact me at (916) 341-6962.

Sincerely,

A handwritten signature in black ink that reads "Aurelia Lucero". The signature is written in a cursive, flowing style.

Aurelia Lucero
Associate Governmental Program Analyst
Office of Legal Affairs

Enclosures